



TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989 (CAP. 16.06)
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)

FORM AS 7/04: CEO ANNUAL CERTIFICATE ANNUAL DECLARATION OF ACTIVITIES

PLEASE COMPLETE ALL SECTIONS OF THIS FORM.

Insurance Company Name	
Financial Year End	

THIS SERVES TO CONFIRM THAT THE COMPANY

- a HAS NOTIFIED THE FINANCIAL SERVICES COMMISSION (COMMISSION) OF ALL CHANGES OR PROPOSED CHANGES IN THE INFORMATION (INCLUDING THOSE IN ITS BUSINESS PLAN) CONTAINED IN OR SUPPLIED IN CONNECTION WITH THE COMPANY'S APPLICATION FOR ITS TCI INSURANCE LICENCE AND CURRENTLY WRITES ONLY THE FOLLOWING INSURANCE BUSINESS (STATE):

- b HAS CARRIED ON BUSINESS ONLY IN ACCORDANCE WITH THE INFORMATION REFERRED TO IN PARAGRAPH (A) ABOVE AND WITH SUCH CHANGES AS THE COMMISSION HAS APPROVED. *

- c CURRENTLY HOLDS THE FOLLOWING FUNDS IN THE TURKS & CAICOS ISLANDS WHICH MAY NOT BE REMOVED NOR REDUCED BELOW

\$ WITHOUT THE COMMISSION'S PRIOR WRITTEN APPROVAL:

Account	Bank (and Branch)	Current Balance \$



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- d HAS AUTHORIZED THE FOLLOWING AGENTS AND INSURANCE BROKERS TO EFFECT INSURANCE BUSINESS ON ITS BEHALF (ATTACH SEPARATE LIST, IF NECESSARY):

- e ACCEPTS RESPONSIBILITY FOR ALL CONTRACTS ISSUED BY ITS BRANCH/SUBSIDIARY ACTIVITY AND ALSO FOR ALL ITS ACTS, OMISSIONS AND LIABILITIES.

**NB: Where changes made have not been notified, this form must be appropriately amended and an appropriate statement identifying those changes should be submitted to comply with the provisions of Section 7.(2) of the Insurance Ordinance.*



CHIEF EXECUTIVE OFFICER/COMPANY SECRETARY

DATE

[This Form must be Notarized (or Executed under the company's Official Seal) on completion]